

Virginia Student ETV Application

Independent Living Education and Training Vouchers Program

<input type="checkbox"/>	NEW STUDENT	<input type="checkbox"/>	RETURNING STUDENT
IDENTIFYING INFORMATION:			
Agency: Youth's Name: Youth's DOB: College or Training Facility: Academic Year: Academic Status:	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>		FIPS: <input style="width: 100%;" type="text"/> Date: <input style="width: 100%;" type="text"/> SSN: <input style="width: 100%;" type="text"/> Semester: <input style="width: 100%;" type="text"/> Credit Hrs: <input style="width: 100%;" type="text"/>
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Educational Goal or Degree: <i>(check all that apply)</i>	<input type="checkbox"/> Certificate <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Post Graduate <input type="checkbox"/> Other: <input style="width: 100%;" type="text"/>		
Major: Youth's Current Address:	<input style="width: 100%;" type="text"/> <div style="display: flex; justify-content: space-between;"> City State VA Zip </div>		
Youth's Current Phone:	<input style="width: 100%;" type="text"/>		
DEPARTMENT OF SOCIAL SERVICES INFORMATION			
Social Worker's Name: E-Mail Address: IL Coordinator: E-Mail Address:	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>		Phone: <input style="width: 100%;" type="text"/> FAX #: <input style="width: 100%;" type="text"/> Phone: <input style="width: 100%;" type="text"/> FAX #: <input style="width: 100%;" type="text"/>
YOUTH'S CURRENT PLACEMENT INFORMATION			
Contact Person: Contact Person Address:	<input style="width: 100%;" type="text"/> <div style="display: flex; justify-content: space-between;"> City State VA Zip </div>		Phone: <input style="width: 100%;" type="text"/>
Type of Placement: <i>(i.e., foster/group home, etc.)</i>	<input style="width: 100%;" type="text"/>		
FUNDING REQUEST			
Amount of Request for Semester/Period (Not to exceed \$5,000 per Fiscal Year):			
Tuition Costs: → List Other Expenses:	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>		\$ <input style="width: 100%;" type="text"/> \$ <input style="width: 100%;" type="text"/> \$ <input style="width: 100%;" type="text"/> \$ <input style="width: 100%;" type="text"/> \$ <input style="width: 100%;" type="text"/> \$ <input style="width: 100%;" type="text"/> \$ <input style="width: 100%;" type="text"/> \$ <input style="width: 100%;" type="text"/> \$ <input style="width: 100%;" type="text"/>
TOTAL COSTS FOR SEMESTER			\$ <input style="width: 100%;" type="text"/>

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We verify that the information contained in this application is true and that the following information required for receiving ETV funds has been reviewed and meets the specified criteria.

Does this youth have a *transitional living plan*? **YES** **NO**

The youth for whom this application is filed is:

- ☐ In or transitioning out of foster care; **OR**
☐ Adopted from foster care after attaining age 16; **OR**
☐ Participating in the voucher program on their 21st birthday; **AND**
Is not yet 23 years old;
Is enrolled in a post-secondary education or training program; and
Is making satisfactory progress toward completion of that program.

Supporting Documentation (Check all that apply):

- ☐ Financial Aid Award Letter
☐ Statement of Accounts (Invoices/Receipts)
☐ Other: _____

SIGNATURES

Youth's Signature:	_____	Date:	_____
Social Worker's Signature:	_____	Date:	_____
Supervisor's Signature:	_____	Date:	_____

Instructions for Local Departments of Social Services ONLY

*Please mail or pouch ETV student application and supporting documentation to the Independent Living Education Specialist within two weeks of application approval.

Instructions for Former Foster Care Youth ages 21 to 23 years old

*Former foster care youth ages 21 to 23 and those adopted from foster care at age 16 should forward the application to the Virginia Department of Social Services

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